



Order Form

Salesman _____ PO# _____ Invoice # _____

Date: _____ Source: _____

SOLD TO:	
Name	_____
Co.	_____
Address	_____
City	_____ ST _____ Zip _____
Phone, Fax	_____
Email	_____

SHIP TO:	
Name	_____
Co.	_____
Address	_____
City	_____ ST _____ Zip _____
Phone, Fax	_____
Email	_____

QTY	MF.	PRODUCT DESCRIPTION	S.F.	UNIT PRICE	TOTAL PRICE

METHOD OF PAYMENT

CASH P.O. _____ CHECK

Visa Master Card

Card Number: _____

Expiration Date _____

Cardholder Name _____

Approval # _____

Date & Time _____

Bank Number _____

Special Notes

Sub Total		
Less Discounts		
Plus Sales Tax		
Plus Freight		
Total		
Total Paid		
Balance		